

Hillandale Swim and Tennis Association (HSTA)

2020 Swim Season MEMBERSHIP FORM

For more information, please visit www.hillandalepool.com/forms

Name: _____ Phone: _____

Address: _____

E-Mail: _____ @ _____

E-Mail: _____ @ _____

Emergency contact if other than above: Name _____ Phone: _____

Immediate Family Members Names (family memberships only, includes spouse and children):

FIRST NAME

LAST NAME

- | | | |
|----------|-------------------------|-------------------|
| 1. _____ | Swim team member? _____ | If Yes, Age _____ |
| 2. _____ | Swim team member? _____ | If Yes, Age _____ |
| 3. _____ | Swim team member? _____ | If Yes, Age _____ |
| 4. _____ | Swim team member? _____ | If Yes, Age _____ |
| 5. _____ | Swim team member? _____ | If Yes, Age _____ |

If your children are interested in joining the swim team, please contact Julie Dietrich at juliesdietrich@gmail.com or visit <http://www.hillandalepool.com/swim-team>. Pool membership is **required** to be a member of the swim team.

Membership Category	# of Persons	Fee
Family Membership	One Adult + child/children	\$470
Family Membership	Two Adults + child/children	\$530
Household Membership	One Person (base fee)	\$380
Household Membership	Two People	\$470
	Three People	\$500
	Four People	\$515
	Each additional person	+ \$60 each
Legacy Membership	One Person	\$234
Legacy Membership	Two People	\$334
Payment due no later than June 1, 2020		TOTAL
Please make appropriate changes if your membership status has changed	2020 Swim Dues	\$
	• NEW MEMBER* \$100 DISCOUNT	(\$ _____)
	• Donation to HSTA	\$ _____
	Total Including All Items	\$ _____
*Members can only be considered "new members" if they have not previously joined the pool at ANY point in time.		
A late fee of \$25 will be added after June 8, 2020		

Payment Information:

Send payment and form to:
HSTA, c/o Suzanne Voelker
10119 Riggs Road, Adelphi, MD 20783

Payment method:

Check: Make checks payable to HSTA. Check # _____
Credit card (enter information below) *OR* make your payment with PayPal online at www.hillandalepool.com/forms.
Credit transactions assessed \$15 processing fee per transaction.

Credit Card number _____ CVV# _____

Expiration Date: _____ Signature: _____

How did you hear about us? _____

Questions? Email HSTAmembership@gmail.com or call 301-744-9484



Hillandalepool

Website hillandalepool.com